

Undergraduate Curriculum Committee Minutes

April 04, 2018

Online Voting Only

PLEASE NOTE: All proposals approved by the Undergraduate Curriculum Committee are sent to the Provost for final approval.

Members Voting Online: Julia Finch, Flint Harrelson, Julia Ann Hypes, Michael Hypes, Tom Kmetz, Kimberly Nettleton, Shane Shope, and Tim Thornsberry.

Tom Kmetz (first responder) made the motion to accept all online proposals.

1. Minutes (online voting)
 - December 07, 2017 Meeting Minutes
2. Minor Revision to Existing Course (online voting)
 - None
3. Minor Revision to Existing Program (online voting)
 - None
4. New Course or Major Revision to Existing Course (online voting)
 - None
5. Course Deletion/Suspension/Reinstatement (online voting)
 - NURA 103 Nursing I - Approved
 - NURA 107 Nursing II - Approved
 - NURA 111 Paramedic/ADN Transition - Approved
6. Program or Minor or Certificate Deletion/Reinstatement (online voting)
 - None

FACE-TO-FACE VOTING:

1. Experimental Course
 - None
2. Creation of a Minor or Certificate
 - None
3. Revision of a Minor or Certificate
 - None
4. Major Revision of an Existing Program
 - None
5. New Program Proposal
 - None
6. Face-to-Face Proposals pulled from Online Voting
 - None

Next Scheduled Meeting

May 2, 2018



COURSE

Course Deletion/Suspension/Reinstatement Undergraduate Curriculum Routing Form

Revised January 2018

Course: (as listed current catalog)	NURA 103 <i>Nursing I</i>
Department: (as listed current catalog)	Nursing
College: (as listed current catalog)	College of Science

The proposal form language and formatting cannot be altered in any way. If the form has been altered, it will be returned to the initiator for revision.

Please note: it is the initiator's responsibility to track a proposal through the approval process.

Signatures (Signatures must be handwritten; electronic signatures are not accepted.)

The Departmental Curriculum Committee Chair will review and complete the checklist on the next page to indicate their approval.

Departmental Curriculum Committee

Nathan Bush *Nathan Bush* (☒ Approved () Disapproved) *3/1/18*
Date

Department Chair or Associate Dean (Sign and Print)

Lynn Parsons *DIRK GROPE* (☒ Approved () Disapproved) *3/1/18* *2018-03-15*
Date

College Curriculum Committee (Sign and Print)

Wayne Miller *WAYNE MILLER* (☒ Approved () Disapproved) *3/15/2018*
Date

Dean (Print and Sign)

N/A () Approved () Disapproved
Date

Teacher Ed. Council (if program is a secondary education program) (Sign and Print)

Date

Once the proposal has been approved through the above levels, the initiator will route the FINAL paper document to Howell McDowell 204 and submit the FINAL electronic WORD document to undergraduate@moreheadstate.edu (the two documents must be exactly the same).

Laurie Couch *Laurie Couch* (☒ Approved () Disapproved) *04/04/2018*
Date

AVP UESS-CPE Academic Programs Liaison (Sign and Print)

Laurie Couch *Laurie Couch* (☒ Approved () Disapproved) *04/04/2018*
Date

Undergraduate Curriculum Committee (Sign and Print)

SMR (☒ Approved () Disapproved) *4-9-18*
Date

Vice President for Academic Affairs (Sign and Print)

Date

COVER SHEET

This sheet (including the Checklist) MUST accompany the paper hard copy of the proposal that is routed through the signature process.

Program: (as listed in current catalog)	NURA-Nursing (Associate Level)
Department: (as listed in current catalog)	Nursing
College: (as listed in current catalog)	Science

Helpful Information:

1. Any proposal with a secondary education component must be routed through the Teacher Education Council.
2. Edits to the proposal may be requested at any level of review. Such edits should be made by the originator of the proposal. The originator also may be asked to address questions (in writing or in person) at any level of review.

CHECKLIST

The initiator will review the final document and complete the checkboxes on the left side of the page, sign and date the Cover Sheet, and submit the paper hard copy of the complete proposal to the Department Curriculum Committee Chair for their review.

The Department Curriculum Committee Chair will review the document and complete the checkboxes on the right side of the page, sign and date the Cover Sheet, and submit the paper hard copy of the complete proposal to the next level.

Initiator		Department Curriculum Committee Chair
<input checked="" type="checkbox"/>	The curriculum proposal form has not been altered (formatting, font, etc.).	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	If a Teacher Education Council signature is required, the next approval level will be notified so that it can be obtained. <i>NA</i>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Grammar, spelling, punctuation, sentence structure, etc. is accurate.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	The title, department, and college names correspond to the current catalog.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	All impacted departments, programs, the individuals notified, and the method of notification are listed. <i>NA</i>	<input checked="" type="checkbox"/>
	Impact is defined as any program or department that requires the course, offers the course as an elective, offers a similar course, has an equated course, has the course listed as a co-requisite or pre-requisite, or shares staff and/or resources.	
<input checked="" type="checkbox"/>	Notification has been made to all departments that list this course as a required course in their program. <i>NA</i>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Responses are complete and applicable for each question.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	The entire proposal is saved as one Word document.	<input checked="" type="checkbox"/>

My signature verifies that I have reviewed the proposal and it is ready to go to the next level.

<i>Teresa Howell</i>	<i>Teresa Howell</i>	<i>2-26-18</i>
Originator (Sign and Print)		Approval Date
<i>Nathana Bush</i>	<i>Nathana Bush</i>	<i>3-18</i>
Department Curriculum Committee Chair (Sign and Print)		Approval Date

COURSE

Course Deletion/Suspension/Reinstatement Form

This outline is to be followed for course deletion, suspension, or reinstatement.

I. INDIVIDUAL COURSE					
Course Name: <small>(as listed in current catalog)</small>	Course prefix <small>(Example: ENG)</small>	Number <small>(Example: 100)</small>	Title <small>(Example: Writing I)</small>	Formula <small>(Example: 3-0-3)</small>	Intended Terms Offered <small>(Example: Fall/Spring)</small>
	NURA	103	Nursing I	(4-6-6)	Fall/Spring
Type of Action:	<input checked="checked" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Deletion - course will be removed and cannot be reinstated. Suspension - course will be marked as suspended; can be reinstated with a reinstatement proposal. Reinstatement - brings back from suspension. Cannot be used if course has been permanently deleted.			
II. EXPLANATION:					
A. Why is the course to be deleted/suspended/reinstated? This course was replaced by a new course (NURA 114).					
B. Impact on Enrollment (University, Department, Program). Deletion of NURA 103 will not impact enrollment of students at the University or Department levels.					
C. Impact on Staffing within the department and/or program. None					
D. Impact on Students within the department and/or program. None					
E. List all other departments and programs that could be impacted by this proposal. For example, any department or program that: <ul style="list-style-type: none"> a. requires the course b. offers the course as an elective c. offers a similar course d. has an equated course e. has the course listed as a co-requisite or pre-requisite f. shares staff and/or resources NA					
F. Explain the potential impact on each of the other departments and programs. NA					
G. List each of the individuals notified by the proposing department chair and define the method of contact (e-mail, phone conversation, etc.) NA					



COURSE
Course Deletion/Suspension/Reinstatement
Undergraduate Curriculum Routing Form
Revised January 2018

Course: (as listed current catalog)	NURA 107 <i>Nursing II</i>
Department: (as listed current catalog)	Nursing
College: (as listed current catalog)	College of Science

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Please note: it is the initiator's responsibility to track a proposal through the approval process.

Signatures (Signatures must be handwritten; electronic signatures are not accepted.)

The Departmental Curriculum Committee Chair will review and complete the checklist on the next page to indicate their approval.

Departmental Curriculum Committee

<i>Nathania Bush</i> Department Chair or Associate Dean (Sign and Print)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>3/1/18</i> Date
<i>DIRK GROPE</i> College Curriculum Committee (Sign and Print)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>3/1/18</i> <i>2018-03-15</i> Date
<i>Wayne Miller</i> Dean (Print and Sign)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>3/15/2018</i> Date
<i>N/A</i> Teacher Ed. Council (if program is a secondary education program) (Sign and Print)	() Approved () Disapproved	 Date

Once the proposal has been approved through the above levels, the initiator will route the FINAL paper document to Howell McDowell 204 and submit the FINAL electronic WORD document to undergraduate@moreheadstate.edu (the two documents must be exactly the same).

<i>Laurie Couch</i> AVP UESS-CPE Academic Programs Liaison (Sign and Print)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>04/04/2018</i> Date
<i>Laurie Couch</i> Undergraduate Curriculum Committee (Sign and Print)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>04/04/2018</i> Date
<i>SM</i> Vice President for Academic Affairs (Sign and Print)	(<input checked="" type="checkbox"/>) Approved () Disapproved	<i>4-9-18</i> Date

COVER SHEET

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Program: (as listed in current catalog)	NURA-Nursing (Associate Level)
Department: (as listed in current catalog)	Nursing
College: (as listed in current catalog)	Science

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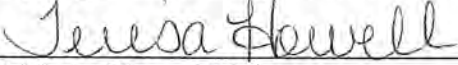
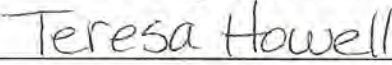
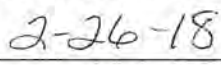

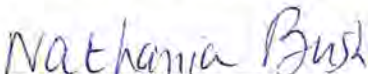
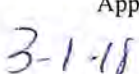
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The Department Curriculum Committee Chair will review the document and complete the checkboxes on the right side of the page, sign and date the Cover Sheet, and submit the paper hard copy of the complete proposal to the next level.

Initiator	Department Curriculum Committee Chair
<input checked="" type="checkbox"/> The curriculum proposal form has not been altered (formatting, font, etc.).	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> If a Teacher Education Council signature is required, the next approval level will be notified so that it can be obtained. NA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Grammar, spelling, punctuation, sentence structure, etc. is accurate.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> The title, department, and college names correspond to the current catalog.	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/> Notification has been made to all departments that list this course as a required course in their program. NA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Responses are complete and applicable for each question.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> The entire proposal is saved as one Word document.	<input checked="" type="checkbox"/>

My signature verifies that I have reviewed the proposal and it is ready to go to the next level.

		
Originator (Sign and Print)		Approval Date
		
Department Curriculum Committee Chair (Sign and Print)		Approval Date

COURSE

Course Deletion/Suspension/Reinstatement Form

This outline is to be followed for course deletion, suspension, or reinstatement.

I. INDIVIDUAL COURSE					
Course Name: <small>(as listed in current catalog)</small>	Course prefix (Example: ENG)	Number (Example: 100)	Title (Example: Writing I)	Formula (Example: 3-0-3)	Intended Terms Offered (Example: Fall/Spring)
	NURA	107	Nursing II	(5-9-8)	Fall/Spring
Type of Action:	<input checked="" type="checkbox"/>	Deletion - course will be removed and cannot be reinstated.			
	<input type="checkbox"/>	Suspension - course will be marked as suspended; can be reinstated with a reinstatement proposal.			
	<input type="checkbox"/>	Reinstatement - brings back from suspension. Cannot be used if course has been permanently deleted.			
II. EXPLANATION:					
A. Why is the course to be deleted/suspended/reinstated? This course was replaced by two new courses (NURA 115 and NURA 117).					
B. Impact on Enrollment (University, Department, Program). Deletion of NURA 107 will not impact enrollment of students at the University or Department levels.					
C. Impact on Staffing within the department and/or program. None					
D. Impact on Students within the department and/or program. None					
E. List all other departments and programs that could be impacted by this proposal. For example, any department or program that: <ul style="list-style-type: none"> a. requires the course b. offers the course as an elective c. offers a similar course d. has an equated course e. has the course listed as a co-requisite or pre-requisite f. shares staff and/or resources NA					
F. Explain the potential impact on each of the other departments and programs. NA					
G. List each of the individuals notified by the proposing department chair and define the method of contact (e-mail, phone conversation, etc.) NA					



COURSE
Course Deletion/Suspension/Reinstatement
Undergraduate Curriculum Routing Form
Revised January 2018

Course: (as listed current catalog)	NURA 111 <i>Paramedic/ADN Transition</i>
Department: (as listed current catalog)	Nursing
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<i>[Signature]</i> Department Chair or Associate Dean (Sign and Print)	<input checked="" type="checkbox"/> Approved () Disapproved	<i>3/1/18</i> Date
<i>[Signature]</i> College Curriculum Committee (Sign and Print)	<input checked="" type="checkbox"/> Approved () Disapproved	<i>3/12/18</i> Date
<i>[Signature]</i> Dean (Print and Sign)	<input checked="" type="checkbox"/> Approved () Disapproved	<i>2018-March-15</i> Date
<i>N/A</i>	<input type="checkbox"/> Approved () Disapproved	<i>3/15/2018</i> Date
Teacher Ed. Council (if program is a secondary education program) (Sign and Print)		Date

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<i>[Signature]</i> Vice President for Academic Affairs (Sign and Print)	<input checked="" type="checkbox"/> Approved () Disapproved	<i>4-9-18</i> Date

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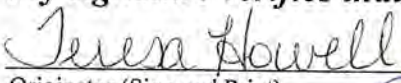
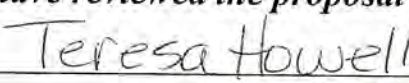
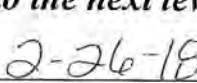
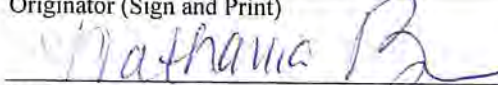

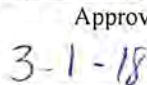
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<input checked="" type="checkbox"/> The title, department, and college names correspond to the current catalog.	<input type="checkbox"/>
<input checked="" type="checkbox"/> All impacted departments, programs, the individuals notified, and the method of notification are listed. NA Impact is defined as any program or department that requires the course, offers the course as an elective, offers a similar course, has an equated course, has the course listed as a co-requisite or pre-requisite, or shares staff and/or resources.	<input type="checkbox"/>
<input checked="" type="checkbox"/> Notification has been made to all departments that list this course as a required course in their program. NA	<input type="checkbox"/>
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Originator (Sign and Print)		Approval Date
		
Department Curriculum Committee Chair (Sign and Print)		Approval Date

COURSE

Course Deletion/Suspension/Reinstatement Form

This outline is to be followed for course deletion, suspension, or reinstatement.

I. INDIVIDUAL COURSE					
Course Name: <small>(as listed in current catalog)</small>	Course prefix (Example: ENG)	Number (Example: 100)	Title (Example: Writing I)	Formula (Example: 3-0-3)	Intended Terms Offered (Example: Fall/Spring)
	NURA	111	Paramedic/ADN Transition	(4-6-6)	Fall/Spring
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Deletion - course will be removed and cannot be reinstated. Suspension - course will be marked as suspended; can be reinstated with a reinstatement proposal. Reinstatement - brings back from suspension. Cannot be used if course has been permanently deleted.			
II. EXPLANATION:					
A. Why is the course to be deleted/suspended/reinstated? This course was replaced by NURA 113 which has since been deleted due to lack of enrollment.					
B. Impact on Enrollment (University, Department, Program). Deletion of NURA 111 will not impact enrollment of students at the University or Department levels.					
C. Impact on Staffing within the department and/or program. None					
D. Impact on Students within the department and/or program. None					
E. List all other departments and programs that could be impacted by this proposal. For example, any department or program that: <ul style="list-style-type: none"> a. requires the course b. offers the course as an elective c. offers a similar course d. has an equated course e. has the course listed as a co-requisite or pre-requisite f. shares staff and/or resources NA					
F. Explain the potential impact on each of the other departments and programs. NA					
G. List each of the individuals notified by the proposing department chair and define the method of contact (e-mail, phone conversation, etc.) NA					